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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085983

1. Corporation Name  
ADMINISTRATIVE ANSWERS, INC.

Principal Place of Business

255 NW 21 ST  
HOMESTEAD FL 33030

Mailing Address

255 NW 21 ST  
HOMESTEAD FL 33030

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

BINDER, CHANDRA L  
255 NW 21 ST  
HOMESTEAD FL 33030

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when Filing Initial Report)

Date

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

NAME BINDER, CHANDRA

STREET ADDRESS 255 NW 21ST ST

CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP [ ] DELETE

NAME BINDER, ERIC

STREET ADDRESS 255 NW 21ST ST

CITY-ST-ZIP HOMESTEAD FL 33030

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Chandra Binder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0711904

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

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